



CALIFORNIA  
Water Boards



## State Water Resources Control Board

Division of Drinking Water

March 29, 2019

City of Dunsmuir  
5915 Dunsmuir Ave.  
Dunsmuir, CA 96025

Attn: Mark Brannigan, City Manager

**CITATION NO. 01\_01\_19C\_007 FOR VIOLATION OF MAXIMUM CONTAMINANT LEVEL FOR TOTAL COLIFORM BACTERIA, MARCH, 2019, CITY OF DUNSMUIR PUBLIC WATER SYSTEM, SYSTEM #4710002, SISKIYOU COUNTY**

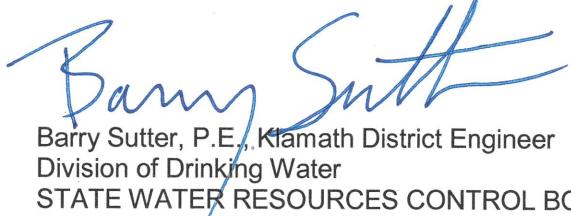
Enclosed is a citation issued to the **City of Dunsmuir**.

Any person who is aggrieved by an order or decision issued by the deputy director of the Division of Drinking Water under Article 8 (commencing with Health and Safety Code section 116625) or Article 9 (commencing with Health and Safety Code section 116650), of the Safe Drinking Water Act (Chapter 4, Part 12, Division 104, of the Health and Safety Code) may file a petition with the State Water Board for reconsideration of the order or decision. Appendix 1 contains the relevant statutory provisions for filing a petition for reconsideration (Health and Safety Code section 116701).

Petitions must be received by the State Board within 30 days of the issuance of the order or decision by the Deputy Director. The date of issuance is the date when the Division of Drinking Water mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at:

[http://www.waterboards.ca.gov/drinking\\_water/programs/petitions/index.shtml](http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml)

If you have any questions, please contact Craig Bunas at (530) 224-4887 or me at (530) 224-4875.



Barry Sutter, P.E., Klamath District Engineer  
Division of Drinking Water  
STATE WATER RESOURCES CONTROL BOARD

Enclosures

cc: Richard L. Hinrichs, P.E., Chief – DDW – Northern California Section

E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | [www.waterboards.ca.gov](http://www.waterboards.ca.gov)



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

Public Water System Name: City of Dunsmuir

Public Water System Number: 4710002

To: City of Dunsmuir

Attn: Mark E. Brannigan, City Manager

5915 Dunsmuir Avenue

Dunsmuir, CA 96025

Issued: March 29, 2019

CITATION No. 01\_01\_19C\_007

FOR VIOLATION OF MAXIMUM CONTAMINANT LEVEL

FOR TOTAL COLIFORM BACTERIA

Title 22, California Code of Regulations, Section 64426.1

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section

1 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order  
2 issued or adopted thereunder.

3  
4 The State Water Resources Control Board (hereinafter "State Board"), acting by and  
5 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for  
6 the Division (hereinafter "Deputy Director"), hereby issues a citation to the City of  
7 Dunsmuir Public Water System (hereinafter "City of Dunsmuir") for violation of Maximum  
8 Contaminant Levels for Total Coliform Bacteria, Section 64426.1(a), Title 22, California  
9 Code of Regulations (CCR).

10  
11 **APPLICABLE AUTHORITIES**

12 **Section 64426.1 (Total Coliform Maximum Contaminant Level), CCR states in**  
13 **relevant part:**

14  
15 (b) A public water system is in violation of the total coliform MCL when any of the  
16 following occurs:

- 17 (1) For a public water system which collects at least 40 samples per month, more  
18 than 5.0 percent of the samples collected during any month are total coliform-  
19 positive; or  
20 (2) For a public water system which collects fewer than 40 samples per month, more  
21 than one sample collected during any month is total coliform-positive; or  
22 (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or  
23 (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine  
24 sample is total coliform-positive.

1                   **STATEMENT OF FACTS**

2       The City of Dunsmuir is classified as a community public water system serving  
3       approximately 1,259 connections and 1,923 people and is required by regulation to  
4       collect at least four coliform bacteria samples per month and report the analysis results  
5       to the Division. The Division received laboratory results for more than one routine total  
6       coliform-positive sample collected from the City of Dunsmuir drinking water system in  
7       March 2019. All samples were analyzed for the presence of both total coliform bacteria  
8       and *E. coli*. The analysis was conducted by Basic Laboratory, Inc., which is certified to  
9       perform total coliform analysis by the California Environmental Laboratory Accreditation  
10      Program.

11

12                   **DETERMINATION**

13       The Division has determined that the City of Dunsmuir is in violation of Title 22, CCR,  
14       Section 64426.1, *Total Coliform Maximum Contaminant Level*. Section 64426.1(b)(2)  
15       defines a violation of the total coliform MCL as when more than one sample collected  
16       during any month is total coliform-positive (less than 40 bacteriological samples required  
17       during any month). The results of the laboratory analysis indicate that more than one  
18       coliform sample collected during the month of March 2019, was coliform-positive.  
19       Therefore, the City of Dunsmuir violated the total coliform maximum contaminant level  
20       contained in Section 64426.1 for March 2019.

21

22                   **DIRECTIVES**

23       The City of Dunsmuir is hereby directed to take the following actions:

- 24
- 25       1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.

- 1       2. On or before **April 30, 2019**, notify all persons served by the System of the MCL  
2       violations in conformance with Title 22, CCR, Sections 64463.4 and 64465.  
3       Appendix 1: *Public Notification Template* shall be used to fulfill this directive, unless  
4       otherwise approved by the Division.
- 5
- 6       3. Complete Appendix 2: *Certification of Public Notice*. Submit it together with a copy  
7       of the *Public Notification Template* to the Division on or before **May 10, 2019**.
- 8
- 9       4. On or before **April 30, 2019**, complete the attached ***RTCR Level 2 Assessment***  
10      ***Report Form for Positive Total Coliform Investigation (L2 Assessment)*** for the  
11      violation, which is attached as Appendix 3. Please complete the *L2 Assessment*  
12      form to the best of your knowledge. You may consult additional experts if you think  
13      that you need assistance to properly conduct the assessment. An employee of the  
14      Division's field office in Redding will inspect the system and finalize the L2  
15      Assessment within the next 30 days.
- 16

17      All submittals required by this citation shall be submitted to the Division of Drinking Water  
18      at the following address:

19  
20  
21  
22      Barry Sutter, P.E., Klamath District Engineer  
23      Division of Drinking Water  
24      STATE WATER RESOURCES CONTROL BOARD  
25      364 Knollcrest Drive, Suite 101  
26      Redding CA, 96002  
27

1  
2 The Division reserves the right to make such modifications to this citation as it may deem  
3 necessary to protect public health and safety. Such modifications may be issued as  
4 amendments to this citation and shall be effective upon issuance.  
5

6 Nothing in this citation relieves the City of Dunsmuir of its obligation to meet the  
7 requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4,  
8 commencing with Section 116270), or any regulation, standard, permit or order issued  
9 thereunder.

10  
11 **PARTIES BOUND**

12 This citation shall apply to and be binding upon the City of Dunsmuir, its owners,  
13 shareholders, officers, directors, agents, employees, contractors, successors, and  
14 assignees.  
15

16 **SEVERABILITY**

17 The Directives of this citation are severable, and the City of Dunsmuir shall comply with  
18 each and every provision thereof notwithstanding the effectiveness of any provision.  
19  
20

21  
22 **FURTHER ENFORCEMENT ACTION**

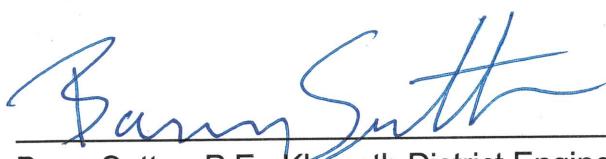
23 The California SDWA authorizes the State Board to: issue a citation with assessment of  
24 administrative penalties to a public water system for violation or continued violation of the  
25 requirements of the California SDWA or any regulation, permit, standard, citation, or  
26 order issued or adopted thereunder including, but not limited to, failure to correct a  
27

1 violation identified in a citation or compliance order. The California SDWA also  
2 authorizes the State Board to take action to suspend or revoke a permit that has been  
3 issued to a public water system if the public water system has violated applicable law or  
4 regulations or has failed to comply with an order of the State Board, and to petition the  
5 superior court to take various enforcement measures against a public water system that  
6 has failed to comply with an order of the State Board. The State Board does not waive  
7 any further enforcement action by issuance of this Citation.

8

9

10

11   
12

13 Barry Sutter, P.E., Klamath District Engineer  
14 Division of Drinking Water  
15 STATE WATER RESOURCES CONTROL BOARD

16 Appendices:

- 17 1. Public Notification Template  
18 2. Certification of Public Notice  
19 3. RTCR Level 2 Assessment Report Form

20

21

22

23

24

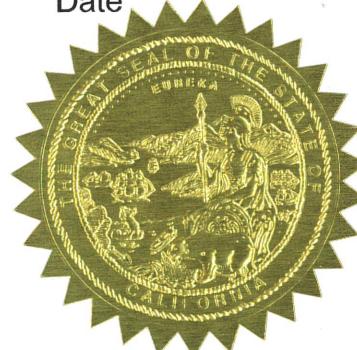
25

26

27

March 29, 2019

Date



## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

### City of Dunsmuir Had Levels of Coliform Bacteria Above the Drinking Water Standard – March 2019

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants including coliform bacteria. In **March 2019**, several of our monthly coliform bacteria samples were total coliform-positive. The standard is that no more than one sample per month can be total coliform-positive.

#### What should I do?

- You do not need to boil your water or take other corrective actions.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as *fecal coliform* or *E. coli*, are present. **We did not find fecal coliform bacteria or E. coli bacteria in your drinking water.** If we had, we would have notified you immediately. However, we are still finding coliforms in the drinking water.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

**What happened? What is being done? (to be completed by the System Operator)**

We will inform you when our sampling shows that no bacteria are present. We anticipate resolving the problem within \_\_\_\_\_.

For more information, please contact \_\_\_\_\_ at \_\_\_\_\_.

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

**Secondary Notification Requirements**

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by the **City of Dunsmuir**.

State Water System ID#: 4710002. Date distributed: \_\_\_\_\_.

The State Water Resources Control Board, Division of Drinking Water has issued a citation for the violation mentioned above. The citation may be viewed at the following web address:

[http://www.waterboards.ca.gov/drinking\\_water/programs/EnforcementActionsSiskiyou.shtml](http://www.waterboards.ca.gov/drinking_water/programs/EnforcementActionsSiskiyou.shtml)

**Appendix 2:**  
**Certification of Public Notice**  
(Community)

This form when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463 – 64465.

**Public Water System Name** City of Dunsmuir

**Public Water System No.** 4710002

Public notification for **Violation of Total Coliform MCL for March 2019** was performed by the following method(s) (ONE or more; check and complete those that apply):

- The notice was published in a local newspaper or newsletter on \_\_\_\_\_  
A copy of the newspaper or newsletter notice is attached.
- The notice was e-mailed to employees or students on \_\_\_\_\_  
A copy of the notice is attached.
- The notice was posted on the Internet or intranet on \_\_\_\_\_  
A copy of the notice is attached.
- The notice was posted in the following conspicuous places:  
A copy of the notice is attached.  
\_\_\_\_\_  
\_\_\_\_\_

Provide the date (or dates) that the notice was posted \_\_\_\_\_

AND

- The notice was mailed to water customers on \_\_\_\_\_  
A copy of the notice is attached. (date)
- The notice hand delivered to water customers on \_\_\_\_\_  
A copy of the notice is attached. (date)

I hereby certify that the above information is factual.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## APPENDIX 3: REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. **To avoid a violation, an assessment report must be no later than 30 days after the trigger date.**

PWS ID#:	PWS Name: [ ]			
Primary Operator (print name): Assessment trigger date: SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Phone: Date Assessment Completed: Reason for Assessment:			
Assessment Elements	Issues?			Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A	
<b>1. Review of the sample sites</b>	Indicate Element number being described.			
1.1 Was the sample taken at the routine coliform site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 Was this sample taken from an outside faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7 Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10 Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Review of sample protocol</b>				
2.1 Is the sampler a regular, trained sampler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Was a laboratory-provided TC sample bottle used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Was the water tap flushed for at least 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5 Was the tap disinfected or flamed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6 Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7 Was there other sampler error? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.8 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.9 Any other sample protocol issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## APPENDIX 3: REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District Office will complete the Level 2 Assessment. **To avoid a violation, an assessment report must be no later than 30 days after the trigger date.**

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
<b>3. Review of the distribution system.</b>					
3.1 Have any mains been recently replaced or service lines recently added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Have fire hydrants or blow offs been recently flushed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Any leaks or main breaks noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Any recent pump station failures or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Air relief valve leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.10 Standing water or debris in valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Any recent power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Any other distribution issue not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4. Review of storage tank(s)</b> (Note the specific facility if any issues are found)					
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Is there a #24 mesh screen installed on vents and overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Is the #24 mesh screen damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



## APPENDIX 3: REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. **To avoid a violation, an assessment report must be no later than 30 days after the trigger date.**

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
4.9 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.15 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Review of treatment process (if applicable)</b>					
5.1 Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



## APPENDIX 3: REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District Office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Assessment Elements	Issues?			Corrective Action Taken or Planned to be Taken and Date		
	Y	N	NA			
<b>5.9</b> Has a disinfectant been added at all times or have there been any failures in adding disinfectant for any length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>5.10</b> Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>5.11</b> Any other treatment plant issues not previously mentioned above?						
<b>Sources – Well(s)</b> <i>(Note the specific facility if any issues are found)</i>						
<b>6.1</b> Is the sanitary seal intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.2</b> Is the well cap defective or damaged or not water tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.3</b> Does the vent have a #24 mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.4</b> Is the vent screen damaged or not installed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.5</b> Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.6</b> How is the well used? (Circle if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Backup	Emergency
<b>6.7</b> Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.8</b> Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.9</b> Is there a missing or damaged grout seal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.10</b> Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.11</b> Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.12</b> Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.13</b> Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.14</b> Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Sources- Spring(s)</b> <i>(Note the specific facility if any issues are found)</i>						
<b>6.15</b> Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.16</b> Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.17</b> Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



## APPENDIX 3: REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. **To avoid a violation, an assessment report must be no later than 30 days after the trigger date.**

Assessment Elements	Issues?				Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A			
6.18 Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Sources-purchased water</b>						
6.19 Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.20 Low disinfectant residual from supplier (typically $\leq 0.02$ mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.21 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Applicable to all sources</b>						
6.22 Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.23 Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.24 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.25 Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.26 Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.27 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.28 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>7. Significant Deficiencies</b>						
7.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments:



### APPENDIX 3: REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Signature: Date:	
Water system responsible party (PRINTED): Signature: Date:	

#### Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	